



MICHIGAN DOMESTIC AND SEXUAL VIOLENCE PREVENTION AND TREATMENT BOARD

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Quality Assurance Standards

**Including Worksheets
Revised February 2014**

Website: <http://www.michigan.gov/domesticviolence>
State of Michigan – Department of Human Services

RATING SCALE FOR BOTH CORE AND ADVANCED STANDARDS

(E)	<p>Exceeds standard.</p> <ul style="list-style-type: none"> • The standard is surpassed in an excellent manner. • The organization is encouraged to include comments in its self-rating.
(M)	<p>Meets standard.</p> <ul style="list-style-type: none"> • The organization is in compliance with the standard. • No comments necessary.
(OE)	<p>Opportunity for enhancement.</p> <ul style="list-style-type: none"> • The organization meets the standard. Efforts in this area could be strengthened. • The organization is encouraged to develop a response/plan upon receipt of the Quality Assurance Standards Review Site Visit Report. • The organization is encouraged to include comments in its self-rating.
(P)	<p>Plans to meet standard.</p> <ul style="list-style-type: none"> • The standard is not currently met but the organization has an acceptable written plan in place to attain compliance. • The organization's action/compliance plan is attached. • The organization is encouraged to include comments in its self-rating.
(D)	<p>Does not meet standard.</p> <ul style="list-style-type: none"> • The standard is not met and there is currently not an acceptable plan to attain compliance. • The organization is required to develop a response/plan upon receipt of the Quality Assurance Standards Review Site Visit Report. • The organization is encouraged to include comments in its self-rating.
(NA)	<p>The standard does not apply.</p> <ul style="list-style-type: none"> • The organization is encouraged to include comments in its self-rating.

Quality Assurance Standards Self-Evaluation

Introduction: Section A ~ Policy and Governance

1. Summary of the Standards

This section presents standards that encompass an organization's policies and governance – the foundation of organizational self-definition and self-regulation. Compliance with these standards will help ensure that an organization that serves survivors of domestic violence and/or sexual assault and their children will:

- A. Have a clearly articulated purpose which is compatible with the Michigan Domestic and Sexual Violence Prevention and Treatment Board's statement of philosophy;
- B. Function in accordance with its stated purpose;
- C. Plan to meet the service and advocacy needs of domestic violence and/or sexual assault survivors and their children; and
- D. Evaluate the outcomes of service delivery and systems advocacy.
- E. Have a Board of Directors that sets policy, provides oversight, and is accountable for the organization.

The role of the Board of Directors is to give direction to the organization. The Board of Directors may appoint an advisory body and delegate some of the functions addressed in the standards; however, the Board of Directors is the signatory to the contract and cannot delegate its responsibilities for compliance to the standards.

2. Basic Considerations

These standards emphasize the role of the Board of Directors in setting policy, identifying needs, developing a strategy to address needs, evaluating the effectiveness and efficiency of the organization, and providing oversight. The role of the Board of Directors and the chief executive officer are clearly differentiated; staff does not govern and the Board of Directors does not administer the day-to-day activities. The Board of Directors establishes policies and the staff, at the direction of the chief executive officer, implements programs reflecting those policies. A clear governance structure is in place.

Core Standard A1:	The purpose of the organization is clearly stated and compatible with the philosophy of the Michigan Domestic and Sexual Violence Prevention and Treatment Board.
Core Standard A2:	The organization functions in accordance with its stated purpose.
Core Standard A3:	The organization has a designated Board of Directors.
Core Standard A4:	The Board of Directors is accountable for the organization.
Core Standard A5:	The Board of Directors operates in accordance with acceptable practice.
Core Standard A6:	The Board of Directors establishes policies for the efficient and effective operation of the organization.
Core Standard A7:	The Board of Directors sets relevant goals and objectives for the organization.
Core Standard A8:	The Board of Directors develops plans and activities to achieve identified relevant goals and objectives for the organization.
Core Standard A9:	Members of the Board of Directors are chosen in a manner that assures a broad base of knowledge and participation in the governance of the organization.
Core Standard A10:	There is a rotation mechanism to ensure a balance of new Board members and ongoing members.
Advanced Standard A11:	The composition of the Board of Directors is diverse and representative of the geographical area it represents.
Advanced Standard A12:	The Board of Directors evaluates the effectiveness and efficiency of the organization.
Advanced Standard A13:	The organization has developed a transition plan to address leadership changes or other major transitions.

Quality Assurance Standards Self-Evaluation

Introduction: Section B ~ Community Relations and Fund Development

Relevant goals, objectives and plans are established for community relations, education/prevention, community education, public awareness, and fund development.

1. Summary of the Standards

This section presents standards that encompass an organization's policies, procedures, and practices relative to communications, public disclosure, community relationships, education/prevention, community education, public awareness, and fund development. These areas are closely related and thus, evaluated together. The way in which an organization functions in these areas directly affects the quality of service the organization is able to provide. Compliance with these standards will help ensure that an organization will:

- A. Be accountable to the community;
- B. Inform the community about the cause, implications, prevention of domestic violence and/or sexual assault, and the treatment of domestic violence and/or sexual assault survivors and their children;
- C. Encourage cooperative relationships with individuals and community organizations in order to gain understanding and support for organizational goals, services, and needs; and
- D. Attain sufficient and diversified funding support to operate current programs and plan to meet future needs.

2. Basic Considerations

These standards emphasize the importance of establishment of written plans, policies and adherence to professional guidelines as an appropriate foundation for community relations, education/prevention, community education, public awareness, and fund development. They encompass evaluation and strong professional values.

Core Standard B1:	Relevant goals, objectives and plans are established for community relations, education/prevention, community education, public awareness, and fund development.
Core Standard B2:	Community relations, education/prevention, community education, public awareness, and fund development are conducted in accordance with applicable professional, ethical, and legal principles.
Core Standard B3:	The organization follows acceptable practices for public disclosure including program activities and financial position.
Core Standard B4:	The organization conducts a public awareness program that raises the community's awareness of the causes, implications, and appropriate community response to domestic and/or sexual violence.
Core Standard B5:	The organization's philosophy related to community relations, education/prevention, community education, public awareness, and fund development is consistent with that of the Michigan Domestic and Sexual Violence Prevention and Treatment Board.
Core Standard B6:	The organization conducts a fund development program that secures sufficient funds to meet its current needs and future goals.
Core Standard B7:	The Board of Directors initiates and actively supports fund development efforts.
Core Standard B8:	The organization is readily identifiable and visible among its consumers, peer organizations, and appropriate community systems.
Core Standard B9:	Education/prevention, community education, and public awareness materials are available in other languages for any ethnic group with a presence in the community and the geographic area served.
Core Standard B10:	The organization uses designated personnel for its community relations, education/prevention, community education, public awareness, and fund development activities.
Core Standard B11:	Policies related to community relations, education/prevention, community education, public awareness, and fund development are comprehensive and practical.
Core Standard B12:	The organization conducts community relations, education/prevention, community education, public awareness, and fund development programs that project an accurate positive image throughout its service area and raises the community's understanding of and support for its services.
Advanced Standard B13:	Education/prevention, community education, and public awareness materials are available to accommodate individual needs e.g. technology for persons who are deaf or hard of hearing, Braille or large print for partially sighted or blind persons.

Advanced Standard B14:	Each member of the Board of Directors contributes financially to the organization.
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Advanced Standard B15:	The organization comprehensively evaluates the success of its community relations, education/prevention, community education, public awareness, and fund development activities to measure efficiency and effectiveness.
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Quality Assurance Standards Self-Evaluation

Introduction: Section C ~ Program Administration and Service Delivery

1. Summary of the Standards

This section presents standards that encompass an organization's program administration, practices, and methods of service delivery. Compliance with these standards will help ensure that an organization that provides services to survivors of domestic violence and/or sexual assault and their children will:

- A. Meet contract requirements relative to service delivery;
- B. Operate efficiently and effectively;
- C. Provide client-centered services that are culturally sensitive and reflect the philosophy of the Michigan Domestic and Sexual Violence Prevention and Treatment Board;
- D. Present options and information relative to community resources to those seeking assistance;
- E. Stress safety for survivors and their children; and
- F. Provide support and advocacy that respects survivors' right to self-determination.
- G. Respond immediately to individuals in crisis 24 hours a day by providing access to trained personnel through a crisis/hotline.

2. Basic Considerations

These standards encompass the overall practices, procedures, and plans that the organization needs to ensure that persons served and prospective persons to be served receive the services they are eligible for, interested in, and in need of; and that those services are delivered in a manner that is client-centered, non-judgmental, culturally sensitive, and protects the dignity and right to self determination of the persons served. It also includes procedures for documentation of services that are provided and addresses the relationship between philosophy and practice.

Core Standard C1: Programs are conducted in accordance with applicable professional, ethical, and legal principles.

Self Rating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exceeds	Meets	Opportunity for Enhancement	Plans To Meet	Does Not Meet	Not Applicable
Team Rating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Core Standard C2: Confidentiality of program participants is protected.

Core Standard C3: The organization restricts access to, use of, and/or disclosure of client information by:

- Using signed, voluntary, time-limited, written client consent forms; and
- Informing clients of requests for information related to their participation in services or connection with the organization.

Core Standard C4: The organization recognizes and respects the autonomy, dignity, and rights of clients.

Core Standard C5: Services are client centered, non-judgmental, culturally relevant, and strive to empower the persons served.

Core Standard C6: The organization seeks to serve all persons requesting assistance and its efforts include elimination of barriers to the provision of quality service.

Core Standard C7: Relevant goals, objectives and plans are established for the organization's delivery of service.

Core Standard C8: The organization responds immediately to individuals in crisis 24 hours a day by providing access to trained personnel through a crisis/hotline.

Core Standard C9: The organization orients adult and child service participants to the organization and its services.

Core Standard C10: The organization conducts intake services in accordance with acceptable practices.

Core Standard C11: The organization conducts case closure in accordance with acceptable practices.

Core Standard C12: The organization maintains confidential comprehensive individual client service records/case files in accordance with acceptable practices.

Core Standard C13: The organization has a system for regular supervisory and/or peer case review.

Core Standard C14:	The executive director (ED) or chief executive officer (CEO) exercises full responsibility for the day-to-day management of the organization.
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Core Standard C15:	The organization uses designated personnel to manage its delivery of service(s).
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Core Standard C16:	The organization works collaboratively with other domestic violence and/or sexual assault organizations throughout the state and in other states as appropriate to meet the safety and advocacy needs of survivors.
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Core Standard C17:	The organization designs and implements client related policies that stress non-violence, are fair, client centered, and consider safety for all including those who choose not to follow policy.
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Core Standard C18:	The organization gathers, evaluates, and uses meaningful service information in accordance with acceptable practices.
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Advanced Standard C19:	The organization maintains an internal structure for efficient and effective administration of service delivery.
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Quality Assurance Standards Self-Evaluation
Introduction: Section D ~ Staff and Volunteer Management

1. Summary of the Standards

This section presents standards that address an organization's policies and practices regarding staff and volunteers. Compliance with these standards will help ensure that an organization that provides domestic violence and/or sexual assault services will:

- A. Employ qualified persons who will create an ethical, supportive, and secure environment for survivors and their children;
- B. Recruit and maintain a staff with diverse characteristics qualified to perform the work required that reflects the community served and geographic area in which the organization is located;
- C. Maintain a staff of persons who are sufficiently trained and highly motivated; and
- D. Establish policies that clearly define roles, are equitable, and meet legal requirements related to personnel management.

2. Basic Considerations

These standards encourage strong professional values. They assume that written policies and consistent practice is the cornerstone of a quality human resource system. They include planning and evaluation of procedures and practices related to the organization's administration of staff and volunteers.

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR PAID STAFF ONLY
STANDARDS D1 – D16

Core Standard D1: A comprehensive manual containing all personnel policies is maintained, kept current, and made available to all staff.

Core Standard D2: Acceptable practices are followed for recruiting, hiring, and assigning staff.

Core Standard D3: Responsibility for hiring and firing staff is clearly defined.

Core Standard D4: Acceptable screening practices of potential staff members, which serve to protect the organization and its clients, are clearly defined and followed.

Core Standard D5: The organization establishes written qualifications for all staff positions and employs persons who meet or exceed those qualifications.

Core Standard D6: Comprehensive job descriptions are available for staff positions.

Core Standard D7: A comprehensive, confidential personnel record is maintained for each staff member.

Core Standard D8: Acceptable practices are followed in supervising and evaluating staff.

Core Standard D9: Relevant goals, objectives, and plans are established for the administration and management of staff.

Advanced Standard D10: The organization evaluates the effectiveness of its procedures and practices related to the administration of staff.

Advanced Standard D11: A benefits package and salary ranges are maintained to attract and retain qualified staff.

Advanced Standard D12: The organization provides written information to staff upon hiring or major transitions, detailing information about their position and welcoming them to the agency or to their new position.

Advanced Standard D13: The organization has a professional development and training plan for each staff.

Advanced Standard D14: The organization has a plan to develop cultural competency among its staff.

Advanced Standard D15: The organization has a range of policies, procedures and/or practices relating to the use of technology.

Advanced Standard D16: The organization provides resources to assure that staff are sufficiently trained in technology and software used within the organization.

**PLEASE ANSWER THE FOLLOWING QUESTIONS FOR VOLUNTEER STAFF ONLY
STANDARDS D17 – D27**

Core Standard D17: A comprehensive volunteer manual containing all volunteer policies and practices is maintained, kept current and made available to all volunteers.

Core Standard D18: Acceptable practices are followed for recruiting, hiring, and assigning volunteers.

Core Standard D19: Responsibility for engaging and dismissing volunteers is clearly defined.

Core Standard D20: Acceptable screening practices of potential volunteers, which serve to protect the organization and its clients, are clearly defined and followed.

Core Standard D21: The organization establishes written qualifications for all volunteer positions and utilizes persons who meet or exceed those qualifications.

Core Standard D22: Comprehensive job descriptions are available for all volunteer positions.

Core Standard D23: A comprehensive, confidential personnel record is maintained for each volunteer.

Core Standard D24: Acceptable practices are followed in supervising and evaluating volunteers.

Core Standard D25: The organization determines the need for volunteer services and utilizes the services of volunteers as appropriate.

Core Standard D26: Goals, objectives, and plans are established for the administration and management of volunteers.

Advanced Standard D27: The organization evaluates the effectiveness of its procedures and practices related to the administration of volunteers.

**PLEASE ANSWER THE FOLLOWING QUESTIONS FOR BOTH PAID AND VOLUNTEER STAFF
STANDARDS D28 – D33**

Core Standard D28: The administration of staff and volunteers is in accordance with applicable professional, ethical, and legal principles.

Core Standard D29: The organization recruits diverse staff and volunteers, e.g., gender, race, ethnicity, age, and disability that are reflective of the community and geographic area in which the organization is located.

Core Standard D30:	<p>Acceptable practices are followed for the orientation, development, and basic introductory training of staff and volunteers. Training content is compatible with the Michigan Domestic and Sexual Violence Prevention and Treatment Board's philosophy. Specialized training on both domestic and sexual violence exists for those individuals answering the 24-hour line and/or working in-person with residential or non-residential clients. Individuals attend the MCADSV New Service Providers Training or the content of the organization's training program includes:</p> <ul style="list-style-type: none"> • Child sexual abuse • Crisis and trauma intervention principles and techniques • Domestic violence and children • Dynamics of domestic violence • Dynamics of sexual assault • Empowerment philosophy specific to domestic and sexual assault • Historical, psychological, and societal-cultural aspects of domestic and sexual violence • Introduction to court systems especially as applicable to domestic and/or sexual assault survivors • Introduction to key laws related to domestic and sexual violence including confidentiality • Introduction to law enforcement procedures applicable to survivors of domestic and/or sexual assault • Medical procedures applicable to sexual and domestic assault survivors including evidence collection procedures • Provision of services toward groups that are traditionally unreached and/or underserved in local communities • Resource identification, access, and advocacy • Sexual assault in the context of domestic violence relationships
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Core Standard D31:	Acceptable practices are followed in voluntary and involuntary separation from the agency.
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Core Standard D32:	The organization uses designated personnel to implement its policies, procedures and practices regarding staff and volunteers.
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Advanced Standard D33:	The organization addresses vicarious trauma among staff and volunteers.
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Quality Assurance Standards Self-Evaluation

Introduction: Section E ~ Systems Change

1. Summary of the Standards

This section presents standards that encompass an organization's advocacy efforts to ensure that those community systems used by domestic violence and/or sexual assault survivors and their children, during crisis and in their effort to end violence in their lives, effectively and sensitively respond to their needs. These systems include, but are not limited to, the criminal and civil justice systems, the medical health and mental health systems, children's services' systems, the educational system, the faith based community, the social services system, and the legal system. Compliance with these standards will help ensure that the organization will work collaboratively with people in systems to change practices that are not helpful and positively reinforce practices that are.

2. Basic Considerations

These standards address the planning, education, and advocacy efforts in which the organization needs to engage to ensure that domestic violence and/or sexual assault survivors and their children, and those at risk of domestic violence and/or sexual assault, are protected and treated compassionately by those who are asked for or can offer help. The overall goal is to create an effective response system in the community and to change cultural attitudes and institutional practices that support violence. It is important to remember, however, that standards can only address the issues for which the organization can be accountable. They cannot be held accountable for whether a system changes. Organizations can be held accountable for their efforts to educate and advocate in the hope that change will result.

Core Standard E1:	The organization prioritizes the community systems and organizations which need to be impacted first and develops a systems change plan which defines strategies to work with each community on behalf of survivors of domestic and/or sexual violence and their children.
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Core Standard E2:	The organization's Board of Directors adopts a plan to address systems change.
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Core Standard E3:	The organization works collaboratively with community systems to positively impact institutional policies, practices, and procedures that affect domestic and/or sexual violence survivors and their children.
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Core Standard E4:	The organization advocates with community systems personnel on behalf of all survivors of domestic violence and/or sexual assault and their children as well as those at risk for domestic violence and sexual assault.
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Core Standard E5:	The organization uses designated personnel for its systems change efforts.
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Advanced Standard E6:	The organization conducts training designed for personnel employed by community system organizations.
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Advanced Standard E7:	Members of the organization formally participate in the development and evaluation of domestic violence and/or sexual assault policies, procedures and practices in local community systems.
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Quality Assurance Standards Self-Evaluation
Introduction: Section F ~ Financial Management

Introduction

1. Summary of the Standards

This section presents standards that encompass the organization's management of financial resources. Sound financial management practices and continuous monitoring of the organization's financial status is essential if its effectiveness and viability are to be maintained. Compliance with the standards will help to ensure that:

- A. Financial resources are prudently used;
- B. There is an accounting of how financial resources are used;
- C. There is public disclosure of how financial resources are used.

2. Basic Considerations

These standards stress that Generally Accepted Accounting Principles (GAAP) with regular internal and external reports and audits are the foundation for prudent management of capital, endowment, and operating income/expenses.

It is the role of the governing body to ensure financial accountability and that the bulk of the organization's resources are used to meet service needs. The standards emphasize strong financial management policies and the establishment of plans for the organization's financial management and long term financial stability.

Core Standard F1:	Financial management is conducted in accordance with applicable professional, ethical, and legal principles.
Core Standard F2:	The organization's accounting is done on an accrual basis.
Core Standard F3:	The organization uses functional accounting to track finances by program or service area/cost center.
Core Standard F4:	The organization provides and maintains adequate insurance coverage including general liability, professional liability, directors and officer's liability, fraud/employee theft coverage, non-owned auto insurance, and others as needed.
Core Standard F5:	The organization provides unemployment compensation coverage and worker's compensation insurance in accordance with applicable federal and state laws.
Core Standard F6:	The governing body adopts and the chief executive officer implements comprehensive budgets in accordance with acceptable practices.
Core Standard F7:	The organization prepares financial statements that clearly and fairly present the organization's financial position.
Core Standard F8:	The organization prudently manages its operating, endowment and capital funds.
Core Standard F9:	The organization has sufficient cash flow to meet its operating needs.
Core Standard F10:	The organization maintains an adequate system of internal controls including effective and efficient systems to account for all financial transactions to safeguard assets and to prevent or detect fraud.
Core Standard F11:	The organization maintains a detailed written description of its segregation of duties related to internal controls.
Core Standard F12:	The organization provides for an annual audit by independent accountants.
Core Standard F13:	The organization annually meets Form 990 filing requirements.
Core Standard F14:	Policies for financial management are comprehensive and practical.
Core Standard F15:	The organization uses designated and appropriately qualified personnel to implement its financial management policies and procedures.

Core Standard F16:	Relevant goals, objectives and plans are established for financial management and long term financial stability.
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Core Standard F17:	The Board of Directors continuously reviews and analyzes its financial position.
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Core Standard F18:	The Board of Directors adopts and regularly reviews salary range and fringe benefit schedules.
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Advanced Standard F19:	The organization maintains adequate cash reserves.
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Advanced Standard F20:	The organization uses a cost analysis process as part of its ongoing planning and program development.
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Quality Assurance Standards Self-Evaluation

Introduction: Section G ~ Facility, Safety, Security, and Health

1. Summary of the Standards

This section presents standards that address the organization's policies and practices regarding its essential physical resources; the transport of clients; and activities conducted in its buildings, on its grounds, and with its equipment. Compliance with these standards will help to ensure a setting that is accessible, functional, attractive, and safe for clients, visitors, staff, and volunteers.

2. Basic Considerations

These standards encompass the overall practices and procedures that the organization employs to ensure that the buildings, grounds and equipment that the organization rents or owns are appropriately accessible, functional, attractive, safe, and secure for clients, visitors, staff, and volunteers. They ensure that the organization meets legal requirements regarding access, safety, and health as well as acceptable standards of cleanliness and functionality. These standards encourage the establishment of plans and evaluation related to safety, health, buildings, grounds, and equipment.

Core Standard G1:	The organization adheres to all applicable zoning, building, fire, health, and safety codes of the community in which the organization is located.
Core Standard G2:	The organization adheres to all applicable laws related to safety in the transport of children and adults.
Core Standard G3:	Buildings, grounds, and equipment are accessible and/or alternative arrangements are in place to accommodate clients with special needs.
Core Standard G4:	Buildings, grounds, and equipment are safe and functional.
Core Standard G5:	Cleaning supplies and other toxic materials are safely stored.
Core Standard G6:	The organization maintains a smoke-free environment.
Core Standard G7:	Preparing, storing and disposing of food meets acceptable standards.
Core Standard G8:	The organization provides protection from fire and there is a system for early warning of fire.
Core Standard G9:	In the event of fire, natural disaster, or other emergencies the organization provides for the protection and safe evacuation of persons from its buildings and grounds.
Core Standard G10:	The organization provides personal care supplies to clients served by advocacy/emergency response, sexual assault nurse examiner (SANE), transitional supportive housing (TSH), and/or shelter program(s).
Core Standard G11:	The organization institutes practices and procedures which, insofar as possible, protect survivors and significant others including children from attack by assailants or perpetrators.
Core Standard G12:	The organization takes measures to protect the property of clients, staff, volunteers, and the organization itself from theft.
Core Standard G13:	The organization has provisions for first aid and emergency medical care for its clients, staff, volunteers, and visitors.
Core Standard G14:	Policies for the management of facilities are comprehensive and practical.
Core Standard G15:	Relevant goals, objectives and plans are established for building, grounds and equipment safety and health.

Core Standard G16:	The buildings and grounds are attractive and clean.
Core Standard G17:	The organization has adequate space to provide private and confidential services.
Core Standard G18:	The organization provides children's play areas inside and out at its residential facility(ies).
Core Standard G19:	The organization has procedures to house only the number of people in its residential facility(ies) that can adequately be served.
Core Standard G20:	The organization uses designated personnel to implement its policies and procedures relative to the organization's facility(ies), security, safety, and health.
Advanced Standard G21:	Comprehensive evaluations of buildings, grounds, and equipment are conducted to measure safety and health conditions.
Advanced Standard G22:	The organization provides children's play area(s) at its non-residential office(s) and/or facility(ies).
Advanced Standard G23:	The organization has a written emergency response plan.

Quality Assurance Standards Self-Evaluation
Introduction: Section H ~ Contract Requirements

1. Summary of Standards

This section presents standards that encompass the basic requirements the organization has relative to the contract between the organization and the State of Michigan's Department of Human Services (DHS). Compliance with these standards will help ensure that an organization with which the DHS contracts:

- A. Understands the requirements of the contract; and
- B. Adheres to the requirement of the contract.

2. Basic Considerations

These standards emphasize legal and contractual issues specifically identified in the contract that the organization is required to meet. These standards are not inclusive of all of the compliance requirements under the contract. It should be noted that the contract contains an over-arching provision that specifies that compliance to the Michigan Domestic and Sexual Violence Prevention and Treatment Board adopted Quality Assurance Standards is required.

Core Standard H1:	The organization is legally authorized to contract.
Core Standard H2:	The organization does not accept reimbursement from clients unless their grant specifically authorizes them to do so.
Core Standard H3:	The organization submits accurate reports in the manner and at the time they are due.
Core Standard H4:	The organization retains all books, records, and other documents relevant to the contract for a minimum of six years after final payment.
Core Standard H5:	<p>The organization complies with civil rights and other laws cited within the contract including:</p> <ul style="list-style-type: none"> • Public Act 220 of 1976, as amended, MCL 37.1101, Persons with Disabilities Civil Rights Act; • Public Act 442 of 1976, as amended, MCL 15.231 et seq, the Freedom of Information Act (FOIA); • Public Act 453 of 1976, Section 209, MCL 37.2209 within the Elliott Larsen Civil Rights Act; • Section 504 of the Federal Rehabilitation Act of 1973, P.L. 93-112, 87 Stat. 194, 29 USC 794; and • Americans with Disabilities Act of 1990 (ADA), P.L. 101-3367, 104 Stat 328, 42 USC 12101 et seq.
Core Standard H6:	<p>The organization complies with federal confidentiality provisions restricting disclosure of personally identifying information within the:</p> <ul style="list-style-type: none"> • Violence Against Women Act, 42 USC 13925(b)(2); and • Family Violence Prevention & Services Act, 42 USC 10402.
Core Standard H7:	<p>The organization informs service participants of their rights including access to a grievance process that addresses, at a minimum:</p> <ul style="list-style-type: none"> • Denial, reduction, or termination of service; and • The organization failing to act upon a request for service within a reasonable period of time.
Core Standard H8:	The organization provides or arranges for all of the services required in the contract. These services include but are not limited to: a 24 hour crisis hotline; face to face emergency response; individual and group supportive counseling; advocacy; support services; and emergency shelter.
Core Standard H9:	The organization's services comply with the Michigan Domestic and Sexual Violence Prevention and Treatment Board's philosophy.
Core Standard H10:	The organization serves the entire geographic service area stipulated in its contract.

Core Standard H11:	The organization identifies the area and population it serves in all its brochures and reports.
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Core Standard H12:	The organization's client eligibility policy and/or criteria is consistent with the Michigan Domestic and Sexual Violence Prevention and Treatment Board contract definition of client eligibility.
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Quality Assurance Standards Self-Evaluation

Introduction: Section I ~ Transitional Supportive Housing (TSH)

1. Summary of the Standards

This section presents standards that encompass an organization's program administration practices and service delivery methods specifically related to transitional supportive housing. Compliance with these standards will help ensure that an organization that provides transitional supportive housing services to survivors of domestic violence and their children will:

- A. Meet contract requirements relative to transitional supportive housing service delivery;
- B. Operate efficiently and effectively;
- C. Provide client-centered services that are culturally sensitive and reflect the philosophy of the Michigan Domestic and Sexual Violence Prevention and Treatment Board.
- D. Present options and information relative to community resources to those seeking assistance;
- E. Stress safety for survivors and their children; and
- F. Provide support and advocacy that respects survivors' right to self-determination.

2. Basic Considerations

These standards encompass the overall policies, practices, and procedures that the organization needs to ensure that persons served and prospective persons to be served in the transitional supportive housing program receive the services they are eligible for, interested in, and in need of; and that those services are delivered in a manner that is client-centered, non-judgmental, culturally sensitive, and protects the dignity and right to self-determination of the persons served. It also includes procedures for documentation of services that are provided and addresses the relationship between philosophy and practice.

Core Standard I1:	The TSH program provides safe, single family occupancy units, coupled with supportive services, which are available to domestic violence survivors and their children for not less than 24 months.
Core Standard I2:	Supportive services are available but not mandatory or required for TSH residents and their children.
Core Standard I3:	The TSH program goals, objectives, and plans, i.e., strategies to achieve relevant goals and objectives, are consistent with the organization's mission.
Core Standard I4:	TSH program services are culturally relevant.
Core Standard I5:	TSH program policies stress non-violence, are client centered, and fair, i.e. just, reasonable, unbiased, and balanced.
Core Standard I6:	TSH services, practices, and policy implementation respects the self-determination, autonomy, and rights of residents.
Core Standard I7:	<p>The TSH program has written policies that address the following:</p> <ul style="list-style-type: none"> • Confidentiality • Eligibility requirements <ul style="list-style-type: none"> ◦ Survivors of domestic violence ◦ TANF income ◦ Dependent children • Residents who are survivors of domestic violence vs. those who are not, if applicable • Michigan Domestic and Sexual Violence Prevention and Treatment Board funded vs. non-Michigan Domestic and Sexual Violence Prevention and Treatment Board funded TSH program expectations, if applicable • Application process • Resident selection process • Lease agreements • Rent requirements • Program terms and conditions • Resident accounts (e.g. escrow, IDA, savings), if applicable • Service termination • Access to supportive services once residents are no longer in the TSH program
Core Standard I8:	The organization uses designated personnel to implement policies and procedures for the TSH program.
Core Standard I9:	The organization actively participates in local community groups to identify and address long-term housing needs of survivors of domestic violence.
Advanced Standard I10:	There is regular evaluation of the services and administration of the TSH program.

Quality Assurance Standards Self-Evaluation

Introduction: Section J ~ Sexual Assault Nurse Examiner Program (SANE)

1. Summary of the Standards

This section presents standards that encompass an organization's program administration practices and service delivery methods specifically related to SANE programing and services. Compliance with these standards will help ensure that an organization that provides SANE services to patients/survivors of sexual assault:

- A. Meet contract requirements relative to SANE service delivery;
- B. Operate efficiently and effectively;
- C. Provide patient/survivor centered services that are culturally sensitive and reflect the philosophy of the Michigan Domestic and Sexual Violence Board.
- D. Employ trained, qualified and certified personnel who will create an ethical, supportive and secure environment for sexual assault patients/survivors;
- E. Respond to sexual assault patients'/survivors' emotional and physical needs as well as evidentiary needs for prosecution;
- F. Strive to ensure that patients/survivors are not re-traumatized by the exam and assist patients/survivors in gaining control; and
- G. Provide support and advocacy that respects patients'/survivors' right to self-determination.

2. Basic Considerations

These standards encompass the overall policies, practices, and procedures that the organization needs to ensure that persons served and prospective persons to be served in the SANE program receive the services they are eligible for, interested in, and in need of; and that those services are delivered in a manner that is patient/survivor centered, non-judgmental, culturally sensitive, and protects the dignity and right to self-determination of the persons served. It also includes procedures for documentation of services that are provided and addresses the relationship between philosophy and practice.

Core Standard J1:	SANE program goals, objectives, and plans, i.e., strategies to achieve relevant goals and objectives, are consistent with the organization's mission.
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Core Standard J2:	<p>The SANE program has written policies/protocols that address the following:</p> <ul style="list-style-type: none"> • Acute care needs • Aftercare or follow up • Collaboration with Children's Advocacy Center (CAC), if applicable • Confidentiality • Contacting advocates • Court testimony • Crisis intervention, e.g., assessment, triage, safety planning, transportation • Hospital/medical SANE exams when medically needed • Maintenance of the chain of evidence and evidence kits • Medical examination & evidence collection • Medical protocol(s) • Referrals and information • Responding to patients/survivors with special needs and/or disabilities • Response time • Role of law enforcement • Staff qualifications & training
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Core Standard J3:	SANE program policies are non-judgmental and patient/survivor centered.
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Core Standard J4:	SANE program services are culturally relevant.
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Core Standard J5:	SANE services are conducted in accordance with applicable professional, ethical and legal principles.
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Core Standard J6:	SANE services, practices, and policy implementation respects the self-determination, autonomy, and rights of sexual assault patients/survivors.
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Core Standard J7:	The SANE program provides victim-centered medical and forensic evaluation for post-pubescent adolescent and adult sexual assault patients/survivors in a manner that minimizes the trauma of the victim and caregivers, and protects the integrity of evidence, including the completion of the Sexual Assault Medical Forensic Evidence Collection Kit as approved by the Michigan State Police.
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Core Standard J8:	The SANE program provides victim-centered medical and forensic evaluation for child sexual assault patients/survivors in a manner that minimizes the trauma of the victim and caregivers, and protects the integrity of evidence, including the completion of the Sexual Assault Medical Forensic Evidence Collection Kit as approved by the Michigan of State Police.
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Core Standard J9:	The organization's policies, protocols and practices related to SAFE Response payments are consistent with Michigan law and the Board's philosophy.
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Core Standard J10:	The organization responds in a timely manner to patients/survivors of sexual assault at a designated SANE site 24 hours a day/7 days per week.
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Core Standard J11:	The SANE program provides crisis intervention, support, advocacy, and specific assistance to patients/survivors of sexual assault eligible for SANE services.
Core Standard J12:	The organization uses designated personnel to implement policies and procedures for the SANE program.
Core Standard J13:	<p>The organization uses trained, qualified and certified personnel to complete medical and forensic examinations following a sexual assault.</p> <ul style="list-style-type: none"> • The minimum standard requires that a health care provider have met minimal standards of didactic training as set forth by the International Association of Forensic Nurses (IAFN) for sexual assault medical and forensic exams and be involved in clinical training and supervision by a qualified preceptor, and • The health care provider is certified by the IAFN as a Sexual Assault Nurse Examiner-Adult/Adolescent (SANE-A) and/or Sexual Assault Nurse Examiner-Pediatric (SANE-P).
Core Standard J14:	The organization provides and maintains specialized equipment for forensic evidence documentation purposes, locked space for charts/other evidence and equipment for adequate disposal of medical waste.
Core Standard J15:	The organization actively participates in local community group(s) and/or interdisciplinary team(s) to identify and address the long-term needs of sexual assault patients/survivors related to SANE services.
Core Standard J16:	The organization works collaboratively with community systems to positively impact institutional policies, practices and procedures that affect sexual violence patients/survivors related to SANE services.
Advanced Standard J17:	The organization conducts SANE specific training for personnel employed by community system organizations, e.g., law enforcement, prosecuting attorneys, court staff, health care, faith based, educators.
Advanced Standard J18:	There is regular evaluation of the services and administration of the SANE program.
Advanced Standard J19:	There are policies and procedures in place to provide suspect examinations.

ITEMS TO BE SUBMITTED PRIOR TO ON-SITE VISIT

Instructions: Leave 1 st column blank if item is attached. Type NA in 1 st column if item is not available. If item is included in another attached item such as the Board Manual, Standard Operating Procedure, or Personnel Policies, indicate the page # in the 2 nd column and which document in the 3 rd column.			
Blank or NA	Page #	Document	Item
			Organization's mission and/or purpose statement <i>A1, A2, C4, I3</i>
			Organization's values and/or philosophy statement <i>A1, A2, C4, I3</i>
			Organization's articles of incorporation <i>A1, A2, A3, H1</i>
			Organization's bylaws <i>A1, A3, A4, A9, A10, D3, H1</i>
			Organization's history <i>A1</i>
			Organization's brochures <i>A1</i>
			Most recent annual report <i>A1, B3, B6, H11</i>
			Board of Directors and committee minutes for the last twelve months <i>A2, A4, A7, B2, B7, F6, F17, F18</i>
			List of members of the Board of Directors indicating the expertise and knowledge base they bring to the organization <i>A3, A5, A9</i>
			Proof of non-profit status, e.g., letter from IRS indicating 501(c)3 status <i>A3</i>
			Organizational chart <i>A3, B10, C14, C15, D5, D32, E5, F15, G20, I8, J12, J13</i>
			Board of Directors manual <i>A4</i>
			Board of Directors job descriptions <i>A4</i>
			Board of Directors monitoring calendar or similar tool <i>A4</i>
			Code of ethics <i>A4</i>
			Conflict of interest policy <i>A4</i>
			Most recent Board of Directors self-evaluation <i>A4</i>
			Evidence that specialized training exists for board members, the content of which includes board members responsibilities; the organization's mission, philosophy, and function; general knowledge of domestic and/or sexual violence and empowerment philosophy; an orientation to funding sources, budgets and financial statements including audits; and the Michigan Domestic and Sexual Violence Prevention and Treatment Board philosophy <i>A5</i>
			Policies developed, reviewed, revised and/or adopted by the Board of Directors over the last year <i>A6</i>
			Long-range, strategic, and/or annual plans <i>A7, A8, A12, B1, B7, C6, C7, C8, D9, D10, D25, D26, D27, E1, F8, F16, G15</i>
			Chart identifying characteristics of the Board of Directors <i>A11</i>
			Evidence that the governing body evaluates the organization <i>A12</i>
			The Board of Directors' plans addressing leadership changes or other major transitions <i>A13</i>
			The organizations risk evaluation and management plan <i>A14</i>
			Marketing plan <i>B1</i>
			Fund development plan <i>B1, B6, B7, F16</i>
			Media response plan <i>B1</i>
			Community relations plan <i>B1</i>
			Community awareness and education plan <i>B1</i>
			Prevention plan <i>B1</i>
			Staff and volunteer job descriptions (One for each staff and/or volunteer job position) <i>B2, B10, C15, D5, D6, D20, D22, D32, E5, F15, G20, I8, J12, J13</i>
			Examples of recent direct mail appeals <i>B2</i>
			Records of special events <i>B2</i>
			Charitable license to solicit <i>B2</i>
			Procedures for donation receipt and acknowledgement <i>B2</i>
			Brochures, fliers, newsletters, press releases, posters, printed materials, and/or links to agency website, social media, and other electronic communication modalities, e.g., examples of electronic posts, that were created by the organization including versions in languages other than English and those adapted for special needs <i>B4, B5, B8, B9, B12, B13</i>
			Training program(s) and/or outline(s) for education/prevention, community education, and public awareness activities including versions in languages other than English <i>B4, B5, B9, B12</i>
			Records or logs of public awareness, community education, and prevention programs <i>B4, B12</i>
			Community interviews <i>B4, B5, B8, B12</i>
			Monthly financial statements for last 12 months <i>B6</i>

		Community relations policy B11
		Education/prevention policy B11
		Community education policy B11
		Public awareness policy B11
		Fund development policy B11
		Records and reports related to evaluation of community relations B15
		Records and reports related to evaluation of education/prevention activities B15
		Records and reports related to evaluation of community education B15
		Records and reports related to evaluation of public awareness activities B15
		Records and reports related to evaluation of fund development activities B15
		Service delivery philosophy C1, H9
		Communicable diseases and/or HIV/AIDS policy C1, H9
		Conflict resolution policy C1, H9
		Ethical guidelines for staff and volunteers C1, H9
		Loan of money policy C1, H9
		Policy regarding provision of services to minors C1, H9
		Policy related to reporting suspected child abuse and/or neglect to Children's Protective Services C1, H9
		Service to clients who are addicted to alcohol and/or illegal drugs policy C1, H9
		Service to clients who are mentally ill policy C1, H9
		Sexual harassment and exploitation policy C1, H9
		School attendance policy C1, H9
		Shelter of children when adult resident does not have legal custody policy C1, H9
		Confidentiality policy C2, C3, H6
		Acceptance of legal documents policy, e.g., warrants/subpoenas C2, H6
		Release of information policy, written procedure, and/or practice C3, H6
		Blank release of information forms C3, H6
		Welcome/orientation packet(s) given to clients for each program, e.g., domestic violence, sexual assault, transitional supportive housing, children's, legal, and/or others as applicable C4, C5, C9
		Policies, procedures, and practices related to accommodating individuals seeking assistance C6
		Brochures and outreach materials which identify services provided and/or available accommodation(s) C6
		Plans for service delivery if separate from above C7
		Written relevant goals, objectives, and/or plans for the 24 hour crisis/hotline if not included in above C8
		Policy on orientation of service participants to the organization and available services C9
		Intake policy C10
		Copy(ies) of blank intake forms for each program, e.g., domestic violence, sexual assault, transitional supportive housing, children's, legal, and/or others as applicable C10
		Case closure policy C11
		Records management policy C11, C12, H4
		Copies of blank forms used in residential and non-residential client files C12
		Written policy on writing case notes and case note review C12
		Case review policy C13
		Chief executive officer/executive director job description C14
		Units of service chart (<i>Part of pre-review packet – Please remember to note clients not in service area in the "other" column</i>) C16, C18
		Service delivery plan that describes how the organization serves survivors from their designated geographic service area and how they serve those referred from other areas C16
		Policy regarding service to clients referred from other geographic areas C16
		Policy regarding transfer of clients to another domestic violence and/or sexual assault service provider C16
		Changes to client related policies in the past year C17
		Policy on statistical documentation and reporting C18
		Copies of blank client feedback/program evaluation forms and analysis information including aggregate data, e.g., summaries of client satisfaction surveys and/or compiled outcome data for each program area, e.g., domestic violence, sexual assault, transitional supportive housing, children's, legal, and/or others as applicable C18
		Program evaluation and analysis information including aggregate data, e.g., summaries of client

			satisfaction surveys and/or compiled outcome data for each program area, e.g., domestic violence, sexual assault, transitional supportive housing, children's, legal, and/or others as applicable C18
			Statistical report(s) indicating numbers served and level of service provided for each program area, e.g., domestic violence, sexual assault, transitional supportive housing, children's, legal, and/or others as applicable C18
			Documentation related to analysis of service delivery C19
			Aggregate client feedback information for each program area, e.g., domestic violence, sexual assault, transitional supportive housing, children's, legal, and/or others as applicable C19
			Community survey results C19
			Access for persons with special needs including those who use wheelchairs, are partially sighted, blind, hard of hearing , or deaf policy D1, D17
			Access to personnel files policy D1
			At will employment policy D1
			Background check(s) policy, e.g., criminal history, sex offender registry, Department of Human Services Child Abuse Central Registry, driving record D1, D2, D4, D17, D18, D20
			Benefits policy D1
			Conflict of interest policy D1, D2, D17, D18
			Domestic violence and/or sexual assault policy D1, D4, D17, D20
			Educational assistance and conference attendance policy D1, D17
			Employee status, exempt/non-exempt, full-time/part-time, and benefit eligibility policy D1
			Employee orientation/development/training requirement policy D1, D8, D13, D30
			Ethical behavior policy including: D1, D17, D28 <ul style="list-style-type: none"> • Treatment of clients • Relationships with clients • Confidentiality • Substance abuse • Use of materials and equipment which belong to the organization • Outside work including domestic violence and/or sexual assault consulting work for which an employee might be paid by someone other than the organization • Expectations of involvement when attending conferences/training paid for by the organization • Any other ethical issue of importance to the organization
			Equipment, internet, phone use policy D1, D17
			Family Leave Act policy, if applicable D1
			Grievance and appeal procedures D1, D17
			Holidays policy D1
			Nepotism policy, i.e., individuals will not be hired or supervised by person who is related D1, D2, D17, D18
			Non-discrimination and/or affirmative action policy D1, D17, H5
			Performance appraisals policy for staff D1, D8, D24, D31
			Personal, emergency, disability, sick, family (medical), jury, military leave and/or paid time off policy D1
			Personnel files maintenance policy for employees D1
			Personnel Policies D1, D4, D20, D28, D31
			Policy describing method of salary progression D1
			Policy identifying who has hiring & firing authority of staff D1, D3
			Salary range policy D1
			Sexual harassment policy D1, D17
			Sick leave accrual and use policy D1
			Substance abuse including testing policy D1, D17
			Termination procedures policy D1, D31
			Travel reimbursement policy D1, D17
			Working hours, overtime and paydays, documentation policy D1
			Workplace violence policy D1, D17
			Executive director position description D3
			Training records for staff <i>(If available electronically)</i> D8, D13, D16

		Goals, objectives, and plans specific to the administration and management of staff, (if not included above) D9
		Summary or analysis of staff satisfaction surveys, if available D10
		Salary range schedule D11, F18
		Policies, procedures and/or practices relating to the use of technology D15
		Staff training plan related to technology and software. D16
		Curriculum or outline of in-house training related to technology and software D16
		Access to volunteer files policy D17
		Performance appraisals policy for volunteers D17
		Personnel files maintenance policy for volunteer files D17
		Personnel Policies if applicable to volunteers D17
		Policy identifying who has authority to engage/dismiss volunteers D17
		Procedures related to dismissing volunteers D17
		Volunteer orientation/development/training policy(ies) D17, D24, D30
		Volunteer manual and/or policy(ies) D17, D20, D28, D31
		Documentation identifying who has authority to engage or dismiss volunteers D19
		Training records for volunteers <i>(If available electronically)</i> D24
		Goals and objectives and plans specific to the administration and management of volunteers, if not included in above. D26
		Summary or analysis of volunteer satisfaction surveys, if available D27
		Documentation of insurances including: D28
		<ul style="list-style-type: none"> • Unemployment • Worker's compensation • Directors and officers
		Evidence of reporting and payment of employment taxes D28
		Summary of staff and volunteer demographic information, if available D29
		Training curriculum/manual for staff and volunteers <i>(If available electronically, otherwise on site)</i> D30
		Handouts from training sessions <i>(If separate from curriculum/manual)</i> D30
		Current agendas of training sessions D30
		Staff and volunteer performance evaluation forms D30
		Progressive discipline, if applicable D31
		Documentation that the organization's Board of Directors adopted a plan to address systems change. E2
		Meeting minutes and/or records of community collaborative groups, task forces and/or advisory boards working on systems change. E3, E4
		Policies, procedures, and/or protocols developed in collaboration with systems within the community. E3
		Press releases from the organization E3
		Agendas, training outlines, handouts and/or curriculum for community systems. E6
		Policies, procedures, and/or practices that have been developed and/or evaluated. E7
		Board adopted accounting, financial management and/or related policies F1, F2, F3, F8, F9, F10, F14, F19
		Monthly financial statements for the last 12 months F3, F7, F9 F19
		Documentation of liability insurance F4
		Documentation of professional liability insurance F4
		Documentation of director and officer liability insurance F4
		Documentation of fraud/employee theft insurance F4
		Documentation of non-owned auto insurance F4
		Documentation of other insurances, if applicable F4
		Documentation of worker's compensation coverage F5
		Documentation of unemployment insurance coverage F5
		Current approved operating budget including program budgets F6
		Chart of accounts F8
		Minutes of committee meetings related to financial oversight F8, F17
		Written description of the organizations segregation of duties related to internal controls. F11
		Most recent audit conducted by independent accountant F12, F19
		Auditor's letter summarizing findings and recommendations to the board of directors F12
		Form 990 and any extensions filed for most recently completed fiscal year F13
		Fringe benefit package F18

			Documentation indicating cost(s) by program or service area/cost center within an identified area F20
			Evidence of adherence to applicable codes, zoning, building, fire, health and safety codes e.g., certificate of occupancy, health department and/or safety inspections (<i>Within the last 12 months</i>) G1
			Policy requiring children under 12 to sit in the back seat in vehicles with front air bags and for making sure child safety seats are properly installed and used for children under 40 lbs. G2
			Policy requiring all passengers/drivers to wear seat belts G2
			Policy requiring that all vehicles used to transport clients/children be insured for liability and physical damage, and a copy of such insurance is to be on file. G2
			Policy requiring volunteers/staff transporting clients in personal vehicles to have a valid driver's license on file. G2
			Policies related to client with disabilities G3
			Policy requiring no alcohol, illegal drugs or weapons on the premises G4
			Most recent furnace inspection including a carbon monoxide test, if applicable (<i>Within last 12 months</i>) G4
			Most recent boiler inspection, if applicable (<i>Within last 36 months if antique steam, all others within last 12 months</i>) G4
			Cleaning supply and other toxic materials storage policy G5
			Policy related to maintaining a smoke-free environment G6
			Food preparation, serving, storage and disposal policy G7
			Most recent fire detection system test results (<i>Within last 12 months</i>) G8
			Emergency evacuation diagram G9
			Fire detection system test policy/procedure G9
			Most recent fire detection system test results (<i>Within last 12 months</i>) G9
			Quarterly fire drill policy/procedure G9
			Documentation related to the last four fire drills G9
			Building evacuation policy and procedures G9
			Security policies for protection of clients, staff and volunteers G11
			First aid and medical emergency policies G13
			Policy on cardiopulmonary resuscitation, universal precautions and communicable diseases training for staff G13
			Staff first aid training records G13
			Prescription and over-the-counter medication policy and procedure G13
			Facility management policy G14
			Policies, procedures and rules identifying client participation in shelter upkeep, if applicable G16
			Evaluation of facility, health and safety issues G21
			Emergency response plan that addresses critical situations, e.g., accidents, serious illness, fire, medical emergencies, floods, natural disasters, hostage situations, bomb threats, unlawful intrusion, physical assault G23
			Evidence of non-profit status, i.e., letter from the Internal Revenue Service (IRS) indicating nonprofit status H1
			None. Aggregate information required for determination of rating for this standard provided by the MI Domestic & Sexual Violence Board. H3
			Written complaints from applicants for employment or service participants including the organization's written response. H5
			Client rights policy H7
			Client grievance procedure H7
			Brochures and outreach materials that identify the geographical area served H11
			Client eligibility policy and/or criteria H12
			Forms used to document client eligibility H12
			TSH brochures, flyers, etc. I1, I4
			Statistical report(s) identifying numbers served and level of service provided I1, I10
			TSH application packet I1
			TSH welcome packet I1
			Health, safety, and/or fire inspection(s) of TSH units I1
			Goals, objectives and plans specific to TSH program I3
			Changes to rules, guidelines, and/or expectations for the TSH program in the past year I5
			TSH program policies I5, I7

			TSH Standard Operating Procedures/Manual, if applicable <i>I6</i>
			Evaluation of TSH program administration and service delivery <i>I10</i>
			Blank TSH client feedback forms <i>I10</i>
			Aggregate summary of TSH client feedback forms and other evaluations <i>I10</i>
			Goals, objectives and plans related to SANE program. <i>J1</i>
			SANE brochures, flyers, etc. <i>J7, J8, J11</i>
			Statistical report(s) identifying numbers served and level of service provided <i>J7, J8</i>
			SANE patient/survivor packet <i>J3, J4</i>
			SANE program policies <i>J2, J3, J9, J19</i>
			SANE Standard Operating Procedures/Manual, if applicable <i>J4, J5, J6, J7, J8, J9, J10, J11, J19</i>
			Evaluation of SANE program administration and service delivery <i>J18</i>
			Blank SANE patient/survivor feedback forms <i>J18</i>
			Aggregate summary of SANE patient/survivor feedback forms and other evaluations <i>J18</i>

ITEMS TO BE AVAILABLE FOR REVIEW DURING ON-SITE VISIT

Instructions: Prior to the peer review team's arrival, gather items noted below for review while on-site. Leave 1st column blank if item is available. Type NA in 1st column if item is not available.

Blank or NA	Item
	Board member interviews F17
	Community member interviews B2, B4, B5, B8, B12, E3, E4, E6, E7
	Staff interviews B10, B12, C4, C5, C16, C19, E5, F17, I6
	Performance evaluation of the chief executive officer/executive director A4
	Brochures, fliers, newsletters, press articles, posters, printed materials, and/or similar items that include information about the organization which may or may not have been created by the organization, e.g., newspaper articles, copies of blogs <i>(If not available electronically)</i> B4, B12
	Local news articles relative to domestic and/or sexual violence <i>(If not available electronically)</i> B8, E3
	Braille materials B13
	Technology used for accommodations B13
	Other accommodating items B13
	Current and closed client files, e.g., domestic violence, sexual assault, SANE, transitional supportive housing, children's, legal, and/or others as applicable C2, C3, C6, C10, C11, C12, C13, H6, H12, I1, I2, I6, J4, J5, J6, J7, J8, J11
	Client feedback/satisfaction forms and other evaluations if not summarized, if applicable C4, C5, C6, C18, I10
	Crisis call activity log and/or records indicating time of call, person taking the call, and disposition of the call, i.e.,: C8 <ol style="list-style-type: none"> Evaluation and/or assessment of each caller's situation Intervention and/or assistance provided Action and/or safety plan(s) developed, as needed Referrals/resources provided as needed Follow up scheduled and/or provided when appropriate
	Resource and referral manual <i>(If not available electronically)</i> C8
	Notes and/or records of supervisory and/or peer case review, if applicable C13
	Employee personnel files D2, D4, D5, D7, D8, D12, D13, D28, D31, J12, J13
	Volunteer personnel files D18, D20, D21, D23, D24, D28, D31, J12, J13
	Former staff and volunteers personnel files D31
	Training curriculum/manual for staff and volunteers <i>(If not available electronically)</i> D30
	Handouts from training sessions (if separate from curriculum/manual) <i>(If not available electronically)</i> D17
	Training records for staff <i>(If not available electronically)</i> D8, D13, D16, J12, J13
	Current agendas of training sessions <i>(If not available electronically)</i> D17
	Training records for volunteers <i>(If available electronically)</i> D24, J12, J13
	Staff satisfaction surveys if not summarized, if applicable D10
	Inventory of equipment and furnishings <i>(If available electronically)</i> F1
	Financial accounting records <i>(If available electronically)</i> F2, F3
	Evidence of available approved car seats, properly installed and used for transporting all children as required by law G2
	Vehicles used to transport clients and their children with operable seat belts, if applicable G2
	Employee/volunteer automobile insurance documentation G2
	Employee/volunteer driver's licenses documentation G2
	Entrances, exits, steps, walkways, etc. are clear G4
	Windows are free from outside release bars and debris G4
	No combustible materials in building, basements, attics or attached buildings G4
	Equipment is functioning G4
	Observe facility's general condition and functionality G4
	Confirm that adequate 24 hour heat, electricity and water service are available G4
	Facilities are free of pests G4
	Garbage is appropriately maintained and controlled G4
	Evidence that cleaning supplies and other toxic materials are safely stored G5
	Observe food preparation, serving, storage and disposal G7
	Observe operable fire detection system G8
	Observe placement of emergency evacuation diagrams G9
	Review adequacy of personal supplies available to clients G10
	Observe storage and other measures for securing personal belongings of clients, staff and volunteers and items

	belonging to the organization G12
	Review adequacy and accessibility of first aid supplies G13
	Review facility cleanliness G16
	Observe confidential client counseling and advocacy space G17
	Observe privacy of client bathroom and sleeping areas, if applicable G17
	Observe children's play areas inside and outside of shelter G18, G22
	Occupancy records indicating the number of people housed daily over the last year. If confidential identifying information is included in these records, please redact or have available examples of how occupancy records are maintained (<i>If not available electronically</i>) G19
	Contract with Medical Director J5
	Documentation of Chart Reviews J5
	Minutes from Coordinated Community Response (CCR) to Sexual Assault, Sexual Assault Task Force and/or Sexual Assault Response Team (SART) J15, J16
	Protocols and/or Memorandums of Understanding (MOUs) with law enforcement, hospital, Children's Advocacy Center (CAC), and/or other pertinent groups J15, J16, J17
	Agendas, training outlines, handouts and/or curriculums for SANE specific training for community systems J17